PTO/SS/17 (10-08)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
						10/501,671-Conf. #9947			
FEE TRANSMITTAL						June 28, 2005			
For FY 2009				First Named in		Fumihide NISHIO			
101112009				Examiner Name		S. R. Macauley			
Applicant claims small entity status. Set 37 CFR 1.27				Art Unit 1651					
TOTAL AMOUNT OF PAYMENT (\$) 1,650.00				Attorney Dockst No. 2870-0486F			US1		
METHOD OF PAYME	NT (check all t	hat apply)						***************************************	
Check Credit	Card A	Ioney Order	No	ne Other	tplease iden	tifyk:			
X Deposit Account D	eposit Account Numb	er: 02-2	448	Deposit	Account Ne	ne: Birch, Stewar	rt, Kolasch &	& Birch, LLP	
For the above-ide	intified deposit	account, the Din	actor is	hereby authoriza	ed to: (ch	eck all that apply))		
X Charge fee	(s) Indicated be	low		Charg	ge fee(s) i	ndicated below, e	xcept for	the filing fee	
X Charge any additional fee(s) or underpayments of X Credit any overpayments (c) Credit any overpayments									
FEE CALCULATION	07 0111 1170	210 1117							
1. BASIC FILING, SEAR	CH, AND EXAM	MNATION FEES	5	***************************************		***************************************			
		G FEES	SE	ARCH FEES	EXAM	INATION FEES	j		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (S	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fore	Paid (\$)	
Utility	330	165	540	270	220	110	LANG	1.010.141	
Design	220	110	100	50	140	70	^**************************************		
Plant	220	110	330	165	170	85	***************************************	***************************************	
Reissue	330	165	540	270	650	325	***************************************		
Provisional	220	110	0	0	030	0			
2. EXCESS CLAIM FEES		110	•	•		•		Small Entity	
Fee Description	,						Fee (\$)	Fee (S)	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent clain	ıs						390	195	
				ee Paid (\$) Multiple Depe					
20 · 20 or HP 0 x 52.00 =				0.00		e (\$) Fee Paid (\$)			
HP = highest number of total					3	190.00	0.60		
indep. Claims	Extra Claims	Fee (\$)	F	ee Paid (\$)					
3 -3 or HP = HP = highest number of indep		220.00 =		0.00					
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 APPLICATION SIZE F If the specification and 	tete drawings avcou	d 100 sheets of	naner	(exploding elect	rowicelly	filed sequence or	computer		
listings under 37 CF	R 1.52(e)), the	application size	fee da	e is \$270 (\$135	for small	entity) for each a	dditional :	50	
sheets or fraction the	ercof. See 35 U	I.S.C. 41(a)(1)(0	G) and	37 CFR 1.16(s).					
Total Sheets	Extra Sheets			additional 50 or fra			Fee	Paid (\$)	
- 100 =		/50 =		two of que brauon)	iole numbe	n x	10		
4. OTHER FEE(S)								Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							540.00		
Other (e.g., late filing surcharge): 1401 Notice of appeal 1253 Extension for response within third month							1,110.00		
SUBMITTED BY 1/10	_		===						
Signature //	War An			Registration No.	28.97	7 Telephone	(703) 2	05-8000	
	M Marshu I	7 /} -		(Attorney/Agent)	20,01		nv 0 6		